



## MedHealth Review, Inc.

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**DATE NOTICE SENT TO ALL PARTIES:** 11/23/15

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of a left shoulder ROM device (10 months, E1841).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a left shoulder ROM device (10 months, E1841).

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a left shoulder injury while working in XX/XXXX. Reportedly, the patient's arm was caught in the machine and pulled violently. He had complained of persistent left shoulder pain. As of August 19, 2015, there was noted to be markedly limited active shoulder range of motion. There also was noted to be 3+/5 strength and positive drop arm test. There was diffuse tenderness at the shoulder with positive impingement signs. X-rays were noted to have been unremarkable. Diagnoses included frozen shoulder with possible complex regional pain syndrome. Treatments including medications and altered activities had been tried and failed. Electrical studies had been previously shown to be unremarkable. A prior MRI was noted to reveal a torn glenoid labrum. A dynamic splint" to improve his strength and range of motion "in the most

aggressive way we can” was ordered. Records through the fall of 2015 were also reviewed. These included physical therapy records dated October 13, 2015. On that day, there was a physical therapist noted active shoulder flexion of 150° with abduction of 140°. External rotation was 90° with internal rotation to 70°. Denial letters discussed the lack of diagnosis of adhesive capsulitis or contractures, along with the lack of documented failure of physical therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The combination of the subjective and objective findings does not demonstrate ongoing evidence of persistent frozen shoulder or contractures. Evidence that the combination of treatments (including physical therapy) has not been efficacious has not been reasonably documented. Therefore the referenced clinical guidelines do not support the medical reasonableness or necessity of the focus of this review at this time.

Reference: ODG Shoulder Chapter- Static Progressive Stretch (SPS) Therapy: Recommended as an option for adhesive capsulitis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)